

CIA INTERNAL USE ONLY
SECRET
 (When Filled In)

PERSONALITY [] FILE REQUEST

| | | | |
|--------------------------------|-------------------------|--|--|
| TO: RT/ANALYSIS SECTION | DATE: 3 April 57 | ACTION: <input type="checkbox"/> OPEN <input checked="" type="checkbox"/> AMEND <input type="checkbox"/> CLOSE | |
| FROM: RT/AN/[] | ROOM NO.: 1504 K | TELEPHONE: 4628 | |

INSTRUCTIONS: Form must be typed or printed in block letters.

SECTION I: List 201 number, name and identifying data in the spaces provided. All known aliases and variants (including maiden name, if applicable) must be listed. If the identifying data varies with the alias used, a separate form must be used. Write UNKNOWN for items you are unable to complete.

SECTION II: List cryptonym or pseudonym, if assigned. If true name is sensitive, obtain 201 number from 201 Control Desk and complete Section I and Section III. On a separate form, enter the 201 number and complete Section II and Section III. Submit each form separately.

SECTION III: To be completed in all cases.

| | | | |
|---|--|---|-----------------|
| SECTION I | | | |
| <input type="checkbox"/> SENSITIVE | | <input type="checkbox"/> 1. SOURCE DOCUMENT | |
| <input type="checkbox"/> NON-SENSITIVE | | | |
| NAME (Last) WECK, Hildegard | | (Middle) | (First) (Title) |
| NAME VARIANT | | | |
| TYPE NAME 2. (Last) BERTZ, Hildegard | | (Middle) | (First) (Title) |
| M | | | |
| PHOTO <input type="checkbox"/> BIRTH DATE 5. 12 M 12 Y 15 COUNTRY OF BIRTH 6. GERM CITY OR TOWN OF BIRTH 7. OTHER IDENTIFICATION 8. | | | |
| OCCUPATION/POSITION OCC/PDS. CODE 9. | | | |

| | | | |
|--------------------------|----------------------------|--------------------------|--------------------------|
| SECTION II | | | |
| CRYPTONYM | | PSEUDONYM | |
| | | | |
| SECTION III | | | |
| COUNTRY OF RESIDENCE 10. | ACTION DESK EE/G/CE | 2ND COUNTRY INTEREST 12. | 3RD COUNTRY INTEREST 13. |

COMMENTS:

DECLASSIFIED AND RELEASED BY
 CENTRAL INTELLIGENCE AGENCY
 SOURCES METHOD EXEMPTION 3B2B
 NAZI WAR CRIMES DISCLOSURE ACT
 DATE 2005

BEST AVAILABLE COPY

| | | | | |
|------------------------------|-----------------------------|------------------------------|-----------------------------|-----------|
| PERMANENT CHARGE | | RESTRICTED FILE | | SIGNATURE |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> YES | <input type="checkbox"/> NO | |